



STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT



\* 4 0 0 0 0 0 1 \*

TOTAL NUMBER OF VEHICLES INVOLVED

DATE OF CRASH TIME (0000) DISTRICT/ZONE TROOP

MMDDYYYY

PARISH PARISH CODE

CITY OR TOWN CITY CODE

LAT. LONG. Quadrant Service Road

PAGE #

01

CRASH OCCURRED ON HIGHWAY # MILEPOST ROADWAY NAME DISTANCE MILES FEET NE SW SE S W

WORK ZONE HIT & RUN PUBLIC PROPERTY DAMAGE PHOTOS MADE RR TRAIN INVOLVED FATALITY PED INJURY

CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE ROADWAY CONDITIONS TYPE OF ROADWAY ALIGNMENT PRIMARY FACTOR SECONDARY FACTOR WEATHER KIND OF LOCATION RELATION TO ROADWAY ACCESS CONTROL LIGHTING

VEHICLE CONFIGURATION CARGO BODY TYPE

EMERGENCY SERVICES AMBULANCE FIRE DEPARTMENT

INVESTIGATING AGENCY NAME OF AGENCY TIME OF NOTIFICATION TIME OF ARRIVAL TIME ALL LANES OPENED

INVESTIGATING OFFICER'S NAME (PRINT) SIGNATURE BADGE # SUPERVISOR'S INITIALS OR BADGE#



**STATE OF LOUISIANA**  
**UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT**  
**VEHICLE/PEDESTRIAN**

COMPUTER NUMBER

PAGE #

**VEH #** OR  **PEDESTRIAN**

-

CONF  CARGO BODY TYPE  YEAR  MAKE  MODEL  # DOORS  # AXLES  # TIRES   
 see page 1 for selections

V.I.N.  VEHICLE TOWED  A. YES B. NO C. LEFT AT SCENE REMOVED BY

LICENSE PLATE YEAR  STATE  NUMBER  TYPE  GVWR/GCWR  REASON TOWED  
 A. VEHICLE DAMAGE  
 B. DRIVER ARRESTED  
 C. INSURANCE VIOLATION  
 Z. OTHER

TRAILER DESCRIPTION YEAR  MAKE  TYPE  LICENSE PLATE YEAR  STATE  NUMBER

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE  GOVERNMENT VEHICLE  PERSONAL VEHICLE

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER. US DOT # \_\_\_\_\_

CARRIER NAME \_\_\_\_\_ MC/MX ("ICC") # \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INTERSTATE CARRIER Y/N  TRANSPORTING HAZARDOUS MATERIAL Y/N  CLASS  ID#  PLACARDS DISPLAYED Y/N  HAZ MAT RELEASED Y/N

NAME (LAST, FIRST, MI) OF  DRIVER  PEDESTRIAN  DATE OF BIRTH

STREET ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP

STATE  CLASS  ENDORSEMENTS  DRIVER'S LICENSE NUMBER  INSTRUCTED TO EXCHANGE INFORMATION? Y/N  NAME OF FACILITY \_\_\_\_\_

| POSITION             | EJECTION             | TRAP/EXTRICATED      | AIR BAG              | OCC PROT SYS         | SEX                  | RACE                 | AGE                  | INJURY               |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

TRANSPORTED TO MEDICAL FACILITY  
A. YES C. REFUSED AID  
B. NO Y. UNKNOWN

PEDESTRIAN ONLY UPPER BODY CLOTHING LIGHT  DARK  LOWER BODY CLOTHING LIGHT  DARK  SEX  RACE  AGE  INJURY CODE

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME)  Same as Driver  TELEPHONE # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSURANCE CO. NAME \_\_\_\_\_ (NOT AGENCY NAME) POLICY NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AGENT'S NAME/ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS \_\_\_\_\_ TRANSPORTED TO MEDICAL FACILITY

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ A. YES C. REFUSED AID B. NO Y. UNKNOWN NAME OF FACILITY \_\_\_\_\_

| POSITION             | EJECTION             | TRAP/EXTRICATED      | AIR BAG              | OCC PROT SYS         | SEX                  | RACE                 | AGE                  | INJURY               |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

OCCUPANT'S NAME (LAST, FIRST, MI)

STREET ADDRESS \_\_\_\_\_ TRANSPORTED TO MEDICAL FACILITY

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ A. YES C. REFUSED AID B. NO Y. UNKNOWN NAME OF FACILITY \_\_\_\_\_

| POSITION             | EJECTION             | TRAP/EXTRICATED      | AIR BAG              | OCC PROT SYS         | SEX                  | RACE                 | AGE                  | INJURY               |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |

| CODES   |                       |                            |                             |                                       |                                 |
|---|-----------------------|----------------------------|-----------------------------|---------------------------------------|---------------------------------|
| SEATING POSITION  | EJECTION              | TRAPPED OR EXTRICATED      | AIRBAG                      | OCCUPANT PROTECTION SYSTEM USED       | INJURY                          |
| A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)                                  | A - NOT EJECTED       | A - NOT TRAPPED            | A - DEPLOYED                | A - NONE USED-VEHICLE OCCUPANT        | A - FATAL                       |
| B - FRONT SEAT-MIDDLE   | B - TOTALLY EJECTED   | B - TRAPPED/EXTRICATED     | B - NON DEPLOYED            | B - SHOULDER BELT ONLY USED           | B - INCAPACITATING/SEVERE       |
| C - FRONT SEAT-RIGHT SIDE   | C - PARTIALLY EJECTED | C - TRAPPED/NOT EXTRICATED | C - NON-DEPLOYED/SWITCH OFF | C - LAP BELT ONLY USED                | C - NON-INCAPACITATING/MODERATE |
| D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)                              | Y - UNKNOWN           | Y - UNKNOWN                | D - NOT APPLICABLE          | D - SHOULDER AND LAP BELT USED        | D - POSSIBLE/COMPLAINT          |
| E - SECOND SEAT-MIDDLE  |                       |                            | Y - UNKNOWN                 | E - CHILD SAFETY SEAT IMPROPERLY USED | E - NO INJURY                   |
| F - SECOND SEAT-RIGHT SIDE  |                       |                            |                             | F - CHILD SAFETY SEAT USED            |                                 |
| G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)                                |                       |                            |                             | G - HELMET USED                       |                                 |
| H - THIRD ROW-MIDDLE  |                       |                            |                             | Y - RESTRAINT USE UNKNOWN             |                                 |
| I - THIRD ROW-RIGHT SIDE  |                       |                            |                             |                                       |                                 |
| J - SLEEPER SECTION OF CAB (TRUCK)  |                       |                            |                             |                                       |                                 |
| K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)   |                       |                            |                             |                                       |                                 |
| L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT) |                       |                            |                             |                                       |                                 |
| M - PASSENGER ON TRAIN OR STREETCAR   |                       |                            |                             |                                       |                                 |
| N - TRAILING UNIT   |                       |                            |                             |                                       |                                 |
| O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)                            |                       |                            |                             |                                       |                                 |
| Y - UNKNOWN   |                       |                            |                             |                                       |                                 |

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|  |  |
|--|--|

WRITE APPROPRIATE LETTER IN BLOCK

### CONTRIBUTING FACTORS AND CONDITIONS

|  |  |  |
|--|--|--|
| <p style="text-align: center;"><b>VISION OBSCUREMENTS</b></p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD<br/>         B. WINDSHIELD OTHERWISE OBSCURED<br/>         C. VISION OBSCURED BY LOAD<br/>         D. TREES, BUSHES, ETC.<br/>         E. BUILDING<br/>         F. EMBANKMENT<br/>         G. SIGN BOARDS<br/>         H. HILLCREST<br/>         I. PARKED VEHICLES<br/>         J. MOVING VEHICLES<br/>         K. BLINDED BY HEADLIGHTS<br/>         L. BLINDED BY SUNGLARE<br/>         M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW<br/>         N. NO OBSCUREMENTS<br/>         Y. UNKNOWN<br/>         Z. OTHER</p>  | <p style="text-align: center;"><b>CONDITION OF DRIVER/PED</b></p> <p>A. NORMAL<br/>         B. INATTENTIVE<br/>         C. DISTRACTED<br/>         D. ILLNESS<br/>         E. FATIGUED<br/>         F. APPARENTLY ASLEEP/BLACKOUT<br/>         G. DRINKING ALCOHOL - IMPAIRED<br/>         H. DRINKING ALCOHOL - NOT IMPAIRED<br/>         I. DRUG USE - IMPAIRED<br/>         J. DRUG USE - NOT IMPAIRED<br/>         K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB)<br/>         Y. UNKNOWN<br/>         Z. OTHER</p>  | <p style="text-align: center;"><b>SEQUENCE OF EVENTS/HARMFUL EVENTS</b></p> <p><b>NON COLLISION</b><br/>         A. OVERTURN/ROLLOVER<br/>         B. FIRE/EXPLOSION<br/>         C. IMMERSION<br/>         D. JACKKNIFE<br/>         E. CARGO/EQUIPMENT LOSS OR SHIFT<br/>         F. FELL/JUMPED FROM MOTOR VEHICLE<br/>         G. THROWN OR FALLING OBJECT<br/>         H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.)<br/>         I. SEPARATION OF UNITS IN TRANSPORT<br/>         J. RAN OFF ROAD RIGHT<br/>         K. RAN OFF ROAD LEFT<br/>         L. CROSSED MEDIAN/CENTERLINE<br/>         M. DOWNHILL RUNAWAY<br/>         N. OTHER NON-COLLISION</p> <p><b>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON- FIXED OBJECT</b><br/>         O. PEDESTRIAN<br/>         P. PEDALCYCLE<br/>         Q. RAILWAY VEHICLE (TRAIN, ENGINE)<br/>         R. ANIMAL</p> <p><b>COLLISION WITH FIXED OBJECT</b><br/>         S. MOTOR VEHICLE IN TRANSPORT<br/>         T. PARKED MOTOR VEHICLE<br/>         U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE<br/>         V. WORK ZONE/MAINTENANCE EQUIPMENT<br/>         W. OTHER NON-FIXED OBJECT</p> <p><b>COLLISION WITH FIXED OBJECT</b><br/>         X. IMPACT ATTENUATOR/CRASH CUSHION<br/>         Y. BRIDGE OVERHEAD STRUCTURE<br/>         Z. BRIDGE PIER OR SUPPORT<br/>         AA. BRIDGE RAIL<br/>         BB. CULVERT<br/>         CC. CURB<br/>         DD. DITCH<br/>         EE. EMBANKMENT<br/>         FF. GUARDRAIL FACE<br/>         GG. GUARDRAIL END<br/>         HH. CONCRETE TRAFFIC BARRIER<br/>         II. OTHER TRAFFIC BARRIER<br/>         JJ. TREE (STANDING)<br/>         KK. UTILITY POLE/LIGHT SUPPORT</p> <p>LL. TRAFFIC SIGN SUPPORT<br/>         MM. TRAFFIC SIGNAL SUPPORT<br/>         NN. OTHER POST, POLE, OR SUPPORT<br/>         OO. FENCE<br/>         PP. MAILBOX<br/>         QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.)<br/>         YY. UNKNOWN</p> |
| <p style="text-align: center;"><b>VIOLATION</b></p> <p>A. EXCEEDING STATED SPEED LIMIT<br/>         B. EXCEEDING SAFE SPEED LIMIT<br/>         C. FAILURE TO YIELD<br/>         D. FOLLOWING TOO CLOSELY<br/>         E. DRIVING LEFT OF CENTER<br/>         F. CUTTING IN, IMPROPER PASSING<br/>         G. FAILURE TO SIGNAL<br/>         H. MADE WIDE RIGHT TURN<br/>         I. CUT CORNER ON LEFT TURN<br/>         J. TURNED FROM WRONG LANE<br/>         K. OTHER IMPROPER TURNING<br/>         L. DISREGARDED TRAFFIC CONTROL<br/>         M. IMPROPER STARTING<br/>         N. IMPROPER PARKING<br/>         O. FAILED TO SET OUT FLAGS, FLARES<br/>         P. FAILED TO DIM HEADLIGHTS<br/>         Q. VEHICLE CONDITION<br/>         R. DRIVER CONDITION<br/>         S. CARELESS OPERATION<br/>         T. IMPROPER BACKING<br/>         U. NO VIOLATIONS<br/>         Y. UNKNOWN<br/>         Z. OTHER</p> | <p style="text-align: center;"><b>DRIVER DISTRACTION</b></p> <p>A. CELL PHONE<br/>         B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.)<br/>         C. OTHER INSIDE THE VEHICLE<br/>         D. OTHER OUTSIDE THE VEHICLE<br/>         E. NOT DISTRACTED<br/>         Y. UNKNOWN</p>   | <p style="text-align: center;"><b>MOVEMENT PRIOR TO CRASH</b></p> <p>A. STOPPED<br/>         B. PROCEEDING STRAIGHT AHEAD<br/>         C. TRAVELING WRONG WAY<br/>         D. BACKING<br/>         E. CROSSED MEDIAN INTO OPPOSING LANE<br/>         F. CROSSED CENTER LINE INTO OPPOSING LANE<br/>         G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION)<br/>         H. CHANGING LANES ON MULTI-LANE ROAD<br/>         I. MAKING LEFT TURN<br/>         J. MAKING RIGHT TURN</p> <p>K. STOPPED PREPARING TO, OR MAKING U-TURN<br/>         L. MAKING TURN, DIRECTION UNKNOWN<br/>         M. STOPPED, PREPARING TO TURN LEFT<br/>         N. STOPPED, PREPARING TO TURN RIGHT<br/>         O. SLOWING TO MAKE LEFT TURN<br/>         P. SLOWING TO MAKE RIGHT TURN<br/>         Q. SLOWING TO STOP<br/>         R. PROPERLY PARKED<br/>         S. PARKING MANEUVER</p> <p>T. ENTERING TRAFFIC FROM SHOULDER<br/>         U. ENTERING TRAFFIC FROM MEDIAN<br/>         V. ENTERING TRAFFIC FROM PARKING LANE<br/>         W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY<br/>         X. ENTERING FREEWAY FROM ON RAMP<br/>         Y. LEAVING FREEWAY VIA OFF RAMP<br/>         Z. OTHER OR UNKNOWN</p>  |
| <p style="text-align: center;"><b>TRAFFIC CONTROL</b></p> <p>A. STOP SIGN<br/>         B. YIELD SIGN<br/>         C. RED SIGNAL ON<br/>         D. YELLOW SIGNAL ON<br/>         E. GREEN SIGNAL ON<br/>         F. GREEN TURN ARROW ON<br/>         G. RIGHT TURN ON RED<br/>         H. LIGHT PHASE UNKNOWN<br/>         I. FLASHING YELLOW<br/>         J. FLASHING RED<br/>         K. OFFICER, FLAGMAN<br/>         L. RR CROSSING, SIGN<br/>         M. RR CROSSING, SIGNAL<br/>         N. RR CROSSING, NO CONTROL<br/>         O. WARNING SIGN (SCHOOL, ETC.)<br/>         P. SCHOOL FLASHING SPEED SIGN<br/>         Q. YELLOW NO PASSING LINE<br/>         R. WHITE DASHED LINE<br/>         S. YELLOW DASHED LINE<br/>         T. BIKE LANE<br/>         U. CROSSWALK<br/>         V. NO CONTROL<br/>         Y. UNKNOWN<br/>         Z. OTHER</p>  | <p style="text-align: center;"><b>REASON FOR MOVEMENT</b></p> <p>A. TO AVOID OTHER VEHICLE<br/>         B. TO AVOID PEDESTRIAN<br/>         C. TO AVOID ANIMAL<br/>         D. TO AVOID OTHER OBJECT<br/>         E. PASSING<br/>         F. VEHICLE OUT OF CONTROL, NOT PASSING<br/>         G. VEHICLE OUT OF CONTROL, PASSING<br/>         H. FOR TRAFFIC CONTROL<br/>         I. DUE TO CONGESTION<br/>         J. DUE TO PRIOR CRASH (COLLISION)<br/>         K. DUE TO DRIVER CONDITION<br/>         L. DUE TO DRIVER VIOLATION<br/>         M. DUE TO VEHICLE CONDITION (FAILURE)<br/>         N. DUE TO PAVEMENT CONDITION<br/>         O. HIGH WIND<br/>         P. NORMAL MOVEMENT<br/>         Y. UNKNOWN<br/>         Z. OTHER</p> | <p style="text-align: center;"><b>VEHICLE CONDITION</b></p> <p>A. DEFECTIVE BRAKES<br/>         B. DEFECTIVE HEADLIGHTS<br/>         C. DEFECTIVE REAR LIGHTS<br/>         D. DEFECTIVE SIGNAL LIGHTS<br/>         E. ALL LIGHTS OUT<br/>         F. DEFECTIVE STEERING<br/>         G. TIRE FAILURE<br/>         H. WORN OR SMOOTH TIRES<br/>         I. ENGINE FAILURE<br/>         J. DEFECTIVE SUSPENSION<br/>         K. NO DEFECTS OBSERVED<br/>         Y. UNKNOWN<br/>         Z. OTHER</p>  |
|  | <p style="text-align: center;"><b>PEDESTRIAN ACTIONS</b></p> <p>A. CROSSING, ENTERING ROAD AT INTERSECTION<br/>         B. CROSSING, ENTERING ROAD NOT AT INTERSECTION<br/>         C. WALKING IN ROAD - WITH TRAFFIC<br/>         D. WALKING IN ROAD - AGAINST TRAFFIC<br/>         E. SLEEPING IN ROADWAY<br/>         F. STANDING IN ROADWAY<br/>         G. GETTING ON OR OFF OTHER VEHICLE<br/>         H. PUSHING, WORKING ON VEHICLE IN ROAD<br/>         I. OTHER WORKING IN ROADWAY<br/>         J. PLAYING IN ROADWAY<br/>         K. NOT IN ROADWAY<br/>         Y. UNKNOWN<br/>         Z. OTHER</p>   | <p style="text-align: center;"><b>VEHICLE LIGHTING</b></p> <p>A. HEADLIGHTS ON<br/>         B. HEADLIGHTS OFF<br/>         C. DAYTIME RUNNING LIGHTS<br/>         Y. UNKNOWN</p>   |
|  |  | <p style="text-align: center;"><b>ALCOHOL/DRUG INVOLVEMENT</b></p> <p><b>ALCOHOL/DRUGS SUSPECTED.....</b></p> <p>A. NEITHER ALCOHOL NOR DRUGS<br/>         B. YES-ALCOHOL<br/>         C. YES-DRUGS<br/>         D. YES-ALCOHOL AND DRUGS<br/>         Y. UNKNOWN</p> <p><b>ALCOHOL.....</b></p> <p>A. TEST REFUSED<br/>         B. NO TEST GIVEN<br/>         C. TEST GIVEN, RESULTS PENDING<br/>         D. TEST GIVEN, BAC ..... g%</p> <p><b>DRUGS.....</b></p> <p>A. TEST NOT GIVEN<br/>         B. TEST GIVEN, RESULTS PENDING<br/>         C. TEST REFUSED<br/>         D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p> <p style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"><b>AFFIX BLOOD ALCOHOL KIT LABEL HERE</b></p> <p style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 5px;"><b>(OR ENTER BLOOD ALCOHOL KIT NUMBER)</b></p>  |

| DIRECTION BEFORE CRASH  |                             | FINAL LOCATION OF VEHICLES | DISTANCE TRAVELED AFTER IMPACT | SPEED |        | SKIDMARK DATA (FEET) |    |    |    |  |  |  |  |  |  |  |
|---|-----------------------------|----------------------------|--------------------------------|-------|--------|----------------------|----|----|----|--|--|--|--|--|--|--|
| HEADED  | ON HIGHWAY, STREET OR DRIVE |                            |                                | EST.  | POSTED | FR                   | FL | RR | RL |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">E</td> <td style="text-align: center;">S</td> <td style="text-align: center;">W</td> </tr> </table> |                             |                            |                                |       | N      | E                    | S  | W  |    |  |  |  |  |  |  |  |
|   |                             |                            |                                |       |        |                      |    |    |    |  |  |  |  |  |  |  |
| N   | E                           | S                          | W                              |       |        |                      |    |    |    |  |  |  |  |  |  |  |

| DAMAGE TO VEHICLE  |  |
|--|--|
| <p style="text-align: center;"><b>AREA DAMAGED</b></p> <p>N- UNDER-CARRIAGE<br/>         O- TOTAL<br/>         P- OTHER<br/>         Q- NONE<br/>         Y- UNKNOWN</p> | <p style="text-align: center;"><b>EXTENT OF DEFORMITY</b></p> <p>A- NONE<br/>         B- VERY MINOR<br/>         C- MINOR<br/>         D- MINOR/MODERATE<br/>         E- MODERATE<br/>         F- MODERATE/SEVERE<br/>         G- SEVERE<br/>         H- VERY SEVERE<br/>         Y- UNKNOWN</p> |

| CITATION NO | VEH. PED.   | R.S. OR ORD. NO |
|-------------|---|-----------------|
| _____       | <input type="checkbox"/> <input type="checkbox"/> | _____           |
| _____       | <input type="checkbox"/> <input type="checkbox"/> | _____           |
| _____       | <input type="checkbox"/> <input type="checkbox"/> | _____           |
| _____       | <input type="checkbox"/> <input type="checkbox"/> | _____           |

NOTICE OF INSURANCE VIOLATION .....

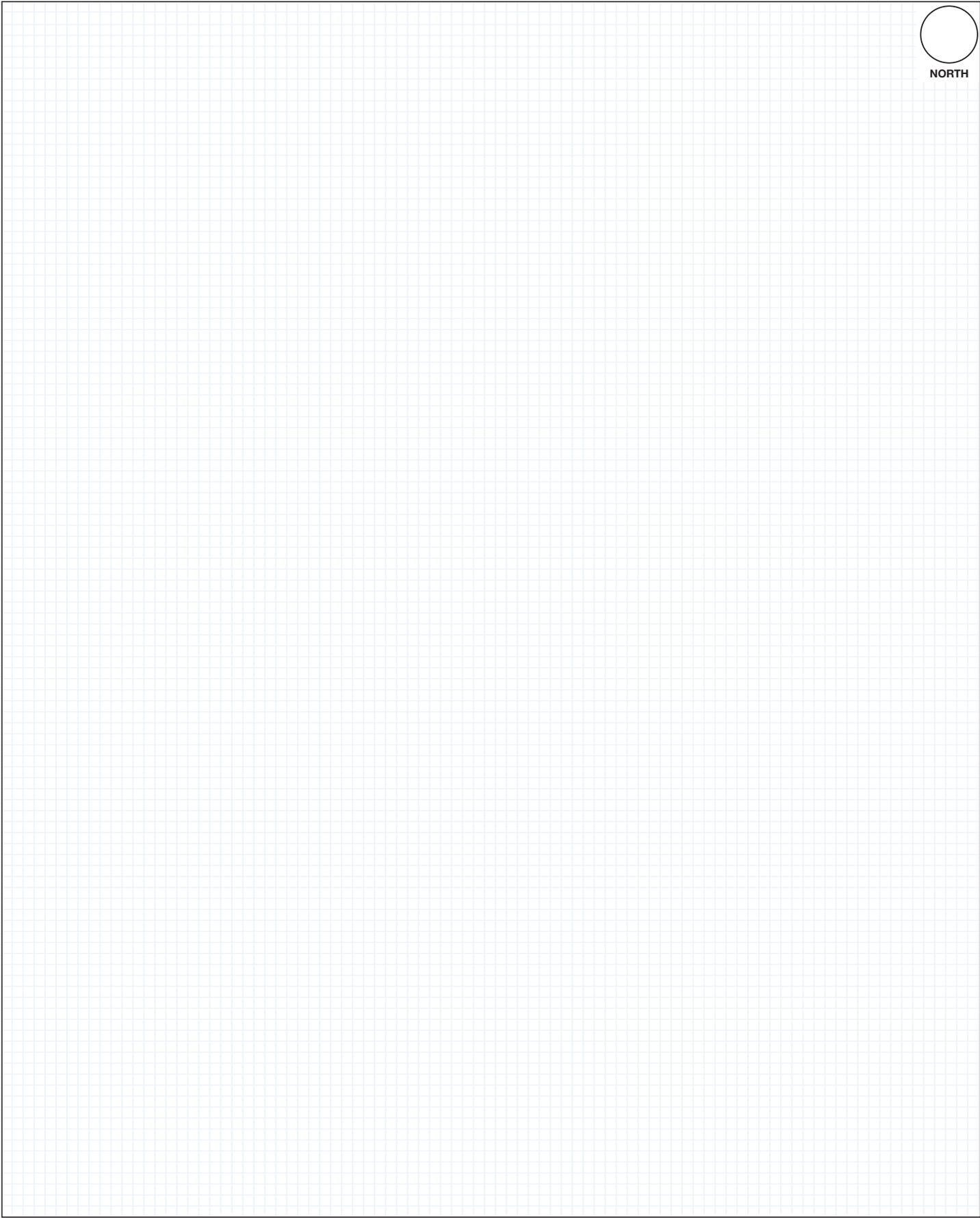




STATE OF LOUISIANA  
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT  
ALTERNATIVE GRID



COMPUTER NUMBER         - PAGE #



NORTH

INVESTIGATING OFFICER'S INITIALS \_\_\_\_\_



